

APR 8 3 2002

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7590 03/11/2002

**ZACHARY T. WOBENSMITH, III**  
**6091 CARVERSVILLE/WISMER ROAD**  
**POST OFFICE BOX 370**  
**PIPERSVILLE, PA 18947-0370**

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<b>ZACHARY T. WOBENSMITH</b> (Depositor's name)	
<i>Zachary T. Wobensmith</i> (Signature)	
25 MARCH 2002 (Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/689,977	10/13/2000	Gary S. Beideman		8299

TITLE OF INVENTION: SAFETY ENHANCEMENT DEVICE COMBINATION FOR ELECTRICAL APPARATUS OR APPLIANCES

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
2	nonprovisional	NO	\$1280	\$0	\$1280	06/11/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, PHUONGCHI T	2833	439-622000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. ZACHARY T. WOBENSMITH, III  
2. \_\_\_\_\_  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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**LASKO HOLDINGS, INC.****WBST C# BSTER, PA**Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies \_\_\_\_\_

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

*Zachary T. Wobensmith*

25 MARCH 2002

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